

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

Form Approved  
OMB No. 0938-0193

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	TRANSMITTAL NUMBER	STATE
	MA-89-9	Michigan
	PROGRAM IDENTIFICATION Medical Assistance, Title XIX, SSA	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	PROPOSED EFFECTIVE DATE February 1, 1989	

TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE NEXT 4 BLOCKS IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

FEDERAL REGULATION CITATION

42 CFR 447.252(b)

NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A, page ~~9b~~ 9a

NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT

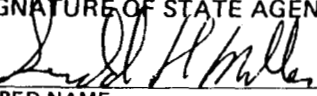
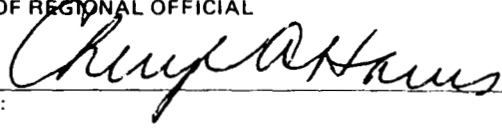
Same

SUBJECT OF AMENDMENT

Inpatient Hospital - Price Update of 0.5%

GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED:  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

SIGNATURE OF STATE AGENCY OFFICIAL 	FOR REGIONAL OFFICE USE ONLY	
	DATE RECEIVED 3/27/89	DATE APPROVED 6/6/01
TYPED NAME: Gerald H. Miller	PLAN APPROVED - ONE COPY ATTACHED	
TITLE: Director	EFFECTIVE DATE OF APPROVED MATERIAL 2-1-89	
DATE: March 20, 1989 <del>MARCH 20, 1991</del>	SIGNATURE OF REGIONAL OFFICIAL 	
RETURN TO: Michigan Department of Social Services 235 S. Grand Avenue P.O. Box 30037 Lansing, MI 48909	TYPED NAME: Cheryl A. Harris	
	TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
	REMARKS:	

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State MichiganMETHODS FOR PAYMENT OF REASONABLE COSTS -  
INPATIENT HOSPITAL SERVICES

	<u>FYE</u>			<u>INFLATION</u>				
2/1/89	3/31/86	1.78%	X	1.725%	X	2.2%	X	0.5%
	5/31/86	1.27%	X	1.725%	X	2.2%	X	0.5%
	6/30/86	0.71%	X	1.725%	X	2.2%	X	0.5%
	ALL OTHERS	2.94%	X	1.725%	X	2.2%	X	0.5%
10/1/88	4. Multiplying times a standard of payment factor. The standard of payment factor is 0.91064. The standard of payment factor is 1.00 for separately enrolled children's hospitals and for distinct part pediatric units with 150 or more beds.							

Rev. 02/01/89

Rev. 10/01/88

TN No. 89-09

Supersedes

TN #

N/A

JUN 0 2001